

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P95000095191 (9)

1. Corporation Name

TELLER SOUTHEAST, INC.



Principal Place of Business

12000 BISCAYNE BOULEVARD
SUITE 806
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BOULEVARD
SUITE 806
MIAMI FL 33181-2727

2. Principal Place of Business

21 519 N. Birch Rd

Suite, Apt. #, etc.

22 #25

23 Ft. Lauderdale, FL

24 Zip 33304

25 Country USA

2a. Mailing Address

26 519 N. Birch Rd

Suite, Apt. #, etc.

27 #25

28 Ft. Lauderdale, FL

29 Zip 33304

30 Country USA

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report
08/08/1996

4. FEI Number
65-0629244

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Print and type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, DAVID
STREET ADDRESS 7601 E. TREASURE DR. #1408
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME JOHNSON, DAVID
13 STREET ADDRESS 519 N. Birch Rd. #30
14 CITY-ST-ZIP Ft. Lauderdale, FL 33304

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

DAVID JOHNSON, PRESIDENT 3/22/97 (954) 566-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0247112

CR2E034 (9/96)